Under the Paperson, Reduction Act of 1995, no persons are required to respond to a collection of information united 8 displays a valid CMS control number. Approved for use through 7/31/2008, CMB 0651-0032 U.S. Peters and Tradement Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-675 Application or Docket Humbe Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (S) FEE () (3) CFA : 1001 101 0 (C) RATE (1) NIA SEARCH FEE N/A 150.00 (37 CFR 1 16(4), (1), or (my) N/A N/A 300.00 N/A EXAMINATION FEE NA \$250 (37 CFR 1 16(0), (0), or (0)) \$500 14A N/A TOTAL CLAIMS NA \$100 N/A (37 OFR 1 16(1) \$200 minus 20 e INDEPENDENT CLAIMS X\$ 25 X\$50 (37 OFR 1 16(h)) OR) minus 3 . X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 OFR 1 16(1)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16()) +180= +360₊ * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL APPLICATION AS AMENDED - PARTII TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY ADD1-**EXTRA AMENDMENT** RATE (\$) Total OFFR 1.16(1) PAID FOR TIONAL ADOL. 竝 FEE (3) Minus TIONAL FEE (3) X\$ 25 inder-endent Otera Lianii X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J) +180± +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST \mathbf{o} REMAINING NUMBER PRESENT ENT AFTER RATE (5) PREVIOUSLY ADDI-AMENDMENT **EXTRA** RATE (\$). ADO: Total prera 1.16(1) PAID FOR TIONAL TIONAL FEE (\$) AMENDM Minus FEE (5) X\$ 25 . Independent Of CFR 1.16h)). Minus X\$50 OR X100. _ Application Size Fee (37 CFR 1.16(s)) X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180± +360= TOTAL If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADD'L FEE TOTAL OR . ADO'L FEE

The Highest Number Proviously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

ts collection of information is required by 37 CFR 1.16. The information is required to obtain or rotain a bonefit by the public which is to file (and by the IPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. finding pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS, SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.